

Claims Clues

A Monthly Publication of the AHCCCS Claims Department

July, 2000

Maricopa Gets 3 ALTCS Program Contractors

Three program contractors will begin serving elderly and physically disabled ALTCS recipients in Maricopa County effective Oct. 1, 2000.

The AHCCCS Administration has awarded contracts to Maricopa Integrated Health Systems, Mercy Care Plan, and Ventana Health Systems. Currently, only Maricopa Integrated Health Systems serves the elderly and physically disabled ALTCS recipients in Maricopa County.

Each of Arizona's other 14 counties will continue to have only one program contractor.

Also, the Arizona Department of Economic Security, Division of Developmental Disabilities (DES/DD) will continue as the statewide program contractor serving all individuals with developmental disabilities.

Developmentally disabled on-reservation Native Americans will continue to be enrolled with Indian Health Service.

ALTCS recipients will be given the opportunity to select their program contractor. In order to phase in the transition, recipients will be divided into three groups, based on their residential ZIP

codes. Each group will have a different time frame during which they must make their choice of program contractors. The entire process is expected to be completed by Dec. 1, 2000.

Providers should address their questions to:

Mercy Care: Anna Shane, Provider Services Director, (602) 263-3069

Maricopa: Wendella Howell-Bell, Provider Services Director, (602) 344-8700

Ventana: Roy Dickerson, Director of Network Development, (602) 331-5103. □

Special QMB Only Provider Type Established

The AHCCCS Administration has created a new provider type in an effort to resolve some problems that have occurred with Medicare crossover claims for QMB Only recipients.

Medicare requires multiple physician groups to submit all of their providers' services under the group ID number rather than use individual provider ID numbers.

In order to pay these groups when the individual provider cannot be identified, AHCCCS has established a new provider type 90 - QMB Only Providers.

Special ID numbers have been assigned to these provider groups for use during the Medicare crossover process.

Payments will be issued to provider groups under this new

number. The number will be used to identify and reimburse claims paid by Medicare which are being submitted on tape directly from the carrier.

If a claim must be adjusted or voided, a paper claim must be submitted to AHCCCS with this new group ID.

The new ID numbers must *not* (Continued on Page 2)

Comments Sought to Improve Web Site Page

What do you think of the new Plans & Providers page on the AHCCCS Web site?

What's good? What's not so hot? What's missing?

In order to make the page a convenient source of information, AHCCCS is soliciting comments from providers, health plans, and

program contractors. Comments may be emailed to Gary Gutierrez, AHCCCS Webmaster, at gxgutierrez@ahcccs.state.az.us. You also may click on the "Write us" link at the bottom of the page.

To view the page, visit the AHCCCS Web site at www.ahcccs.state.az.us, then click "Plans/Providers" on the naviga-

tion bar on the left side of the home page.

The page offers links to the fee-for-service rate schedule, the *Fee-For-Service Provider Manual*, the *AHCCCS Medical Policy Manual*, and past issues of *Claims Clues*.

The page is under development, and certain features are not immediately available. □

Form Available for Updating Recipient TPL Data

AHCCCS has developed a form that enables providers, health plans, and program contractors to report new or changed third party coverage information in an AHCCCS recipient's file.

The form should be submitted to AHCCCS whenever it is determined that third party liability information in a recipient's record is incorrect.

A copy of the form is attached to this issue of *Claims Clues*.

Incorrect TPL information in a

recipient's file can adversely impact the processing of claims.

For example, assume that a recipient's third party coverage has been terminated, but the information remains in the recipient's file. When the provider submits a claim to AHCCCS, the claim will be denied because no TPL information would be entered on the claim.

This problem would be resolved once TPL data in the AHCCCS system is end dated based on information received from a

provider, health plan, program contractor, or eligibility source.

Providers should ensure that all required fields on the form (indicated by an asterisk) are completed. The person completing the form must include his/her name and phone number in case AHCCCS staff in the Division of Member Services (DMS) have any questions about the information on the form.

Providers can direct questions to Mary Lee in DMS at (602) 417-4412. □

Special QMB Only Provider Type Established

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be used to bill for services directly to AHCCCS or any AHCCCS-contracted health plan. This number will not affect regular fee-for-service claims paid directly to providers or to a designated AHCCCS group biller.

AHCCCS is sending a letter of explanation to each provider who has been assigned a new number.

AHCCCS also is using the new provider type to register providers who are not registered in the AHCCCS system when AHCCCS has received Medicare crossover

claims or claims from the TPA.

Providers should direct any questions to the AHCCCS Administration Provider Registration Unit at:

(602) 417-7670 (Option 5), or
1-800-794-6862 □

Two-Year Eligibility Verification Rule Lifted

The AHCCCS Communications Center has lifted its two-year rule on all eligibility and enrollment verifications.

Providers may now obtain

recipient eligibility and enrollment information for any date or date span. Previously, verification information was available only for a two-year window.

This new rule applies to all

verification processes – the Interactive Voice Response (IVR) system, electronic verification, and verification by operators in the AHCCCS Communications Center. □

Coding Corner

The AHCCCS Administration has made the following changes to its Reference subsystem:

Provider type 03 (Pharmacy)

- Add J2780, J1450 effective 01/01/00

Provider type 09 (CNM)

- Add 90716 effective 01/01/98

Provider type 28 (Non-

emergency transportation)

- Add Z2999 effective 05/01/00

Provider type 43 (ASC)

- Add 62310, 62311, 62318, 62319, 64475, 64476, 58558 effective 01/01/00

Provider type 52 (MH clinic)

- End date W2301, W2353 effective 06/30/99

Provider type 74 (Alternative residential facility)

- Open end A0100, A0110, effective 10/01/98

Provider type 77 (MH rehab)

- Open end A0100, A0110, effective 10/01/98
- W2351 effective date changed to 07/01/98 □

AHCCCS THIRD PARTY CHANGE FORM

To: AHCCCS ADMINISTRATION
MFIS, Mail Drop 3600
801 East Jefferson
Phoenix, AZ 85034

To help us update recipient information insurance data, please complete this form, sign, date, and return it.

INSTRUCTIONS FOR COMPLETION: Please print or type. Fill in as much information as possible in the spaces below. An asterisk (*) indicates that the field is required in order to update AHCCCS files. See reverse side for detailed instructions.

COVERAGE BEING REPORTED:

New Medical Insurance ☐ Information is being **added** (Enter item #s _____)
Medical Insurance Terminated ☐ Information is being **corrected** (Enter item #s _____)

INSURANCE INFORMATION

1. *Insurance Company Name or HMO Name: _____
2. *Insurance Company Address: _____
3. Insurance Company Contact: _____ 4. Phone #: _____
5. *Policy ID #: _____ 6. Group #: _____
7. *Begin Date: _____ 8. *End Date: _____
9. Policy Type (check one): Group ☐ Individual ☐ Hospital ☐ Medicare ☐ Other ☐
10. *Policyholder's Name: _____
11. Policyholder's Phone #: (_____) _____ 12. *Policyholder's SSN: _____
13. Policyholder's Employer: _____
14. Employer's Address: _____

RECIPIENT INFORMATION

Please use another form if more space is needed.

15. *Name	16. *AHCCCS ID	17. *SSN	18. *DOB	19. Relationship of Policyholder to recipient

20. *Signature of person completing form: _____
21. *Health plan/program contractor/provider: _____
22. *Telephone #: _____ 23. *Date: _____

AHCCCS THIRD PARTY COVERAGE FORM
INSTRUCTIONS

A MEDICAL INSURANCE FORM SHOULD BE COMPLETED AND RETURNED TO AHCCCS WHENEVER MEDICAL INSURANCE OTHER THAN THE INSURANCE LISTED ON THE ROSTER IS AVAILABLE, OR INSURANCE AHCCCS HAS REPORTED TO THE HEALTH PLAN OR PROGRAM CONTRACTOR HAS TERMINATED, OR INFORMATION CONCERNING THE INSURANCE IS INCORRECT.

CHECK THE BOX INDICATING THE REASON THE FORM IS BEING SUBMITTED TO AHCCCS.

1. Enter the name of the insurance company or Medicare HMO.
2. Enter the insurance company's street address, city, state and zip code.
3. Enter the insurance company's contact person's first and last name, if applicable.
4. Enter the insurance company's 10-digit phone number (including area code).
5. Enter the insured member's policy number.
6. Enter the insured member's group number, if applicable.
7. Enter the policy begin date (month, date and year).
8. Enter the policy end date (month, date and year), if applicable.
9. Check the box indicating the appropriate policy type.
10. Enter the policyholder's first name, middle initial and last name.
11. Enter the policyholder's 10-digit phone number, including area code.
12. Enter the policyholder's 9-digit Social Security Number.
13. Enter the policyholder's employer's name.
14. Enter the policyholder's employer's street address, city, state and zip code.
15. Enter the AHCCCS recipient's first name, middle initial and last name for those covered under the insurance policy.
16. Enter the AHCCCS recipient's 9-digit AHCCCS Identification Number. If not available, the recipient's Social Security Number must be inserted.
17. Enter the AHCCCS recipient's 9-digit Social Security Number.
18. Enter the AHCCCS recipient's Date of Birth (month, day and year).
19. Enter the relationship of policyholder to AHCCCS recipient; i.e., child, absent parent, guarantor, legal guardian, parent, self or other.
20. Enter signature of person completing form.
21. Enter the health plan/program contractor or provider name associated with the person completing the form.
22. Enter the area code and 7-digit phone number where the person completing the form can be reached.
23. Enter the date that the form was completed.